

# **EXHIBIT 3**



# MICHIGAN COUNCIL 25

American Federation of State, County, and Municipal Employees, AFL-CIO  
Detroit Office • 600 W. Lafayette, Ste. 500 • Detroit, Michigan 48226  
Phone: 313.964.1711 • 1.800.AFSCME25 • Fax: 313.964.0230 • www.miafscme.org

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• Diane Skorupski (At-Large)  
• Jay Spurlock (At-Large)  
• Lisa Vanderbussche (At-Large)

June 3, 2013

*Hand Delivered*

Ruth Anne Okun, Director  
Bureau of Employment Relations  
Cadillac Place  
3026 W. Grand Blvd. Suite 2-750  
P.O. Box 02988  
Detroit, MI 48202-2988

Re: Petition for ACT 312 Arbitration for:  
City of Detroit –and- Michigan AFSCME Council 25 – Local 1023  
Case #: D13 C-0331

Dear Ms. Okun:

Enclosed for filing please find enclosed the following documents pertaining to the above referenced matter:

1. An Original and (3) three copies of Local 1023's Petition for Act 312 Arbitration
2. Proof of Service
3. A copy of the most recent labor agreement between the parties

Very truly yours,

Shawntane Williams (P72828)  
Counsel for Petitioner

Enclosures

Copy: Delia Enright, President for Local 1023  
Catherine Phillips – Staff Representative  
Kevin Orr, Emergency Manager Hand Delivered June 3, 2013  
Lamont Satchel – Labor Relations Director Hand Delivered June 3, 2013  
Lansing Master File – L3222-1023-2013

Sqc/32-luocaflio revised060313

STATE OF MICHIGAN  
DEPARTMENT OF  
EMPLOYMENT RELATIONS COMMISSION  
DETROIT OFFICE

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**PETITION FOR ACT 312 ARBITRATION  
EMPLOYMENT RELATIONS COMMISSION**  
Michigan Department of Licensing and Regulatory Affairs

AUTHORITY:	P.A. 312 of 1959, as amended
COMPLETION:	MANDATORY
PENALTY:	CASE WILL NOT BE PROCESSED WITHOUT USE AND COMPLETION OF THIS FORM

MEDIATION CASE NO:			MEDIATOR:		
1. PUBLIC EMPLOYER NAME			EMPLOYER CONTACT/REPRESENTATIVE NAME:		
City of Detroit Labor Relations			Kevin Orr, Emergency Manager and Lamont Satchel, Labor Relations Director		
ADDRESS (STREET NO & NAME)			ADDRESS (STREET NO. & NAME)		
2 Woodward Ave., Suite 332			2 Woodward Ave., Suite 1126		
CITY Detroit	STATE Michigan	ZIP CODE 48226	CITY Detroit	STATE Michigan	ZIP CODE 48226
TELEPHONE WITH AREA CODE 313-224-3860	FAX NO. 313-224-0738	E-MAIL	TELEPHONE WITH AREA CODE 313-224-3400	FAX NO. 313-224-4433	E-MAIL
2. LABOR ORGANIZATION NAME			LABOR CONTACT/REPRESENTATIVE NAME:		
Michigan AFSCME Council 25 - Local 1023			Shawntane Williams, Staff Attorney		
ADDRESS (STREET NO. & NAME)			ADDRESS (STREET NO. & NAME)		
600 W. Lafayette Blvd., Suite 500			600 W. Lafayette Blvd., Suite 500		
CITY Detroit	STATE Michigan	ZIP CODE 48226	CITY Detroit	STATE Michigan	ZIP CODE 48226
TELEPHONE WITH AREA CODE 313-964-1711	FAX NO. 313-964-0230	E-MAIL	TELEPHONE WITH AREA CODE 313-964-1711 ext. 2263	FAX NO. 313-964-0230	E-MAIL swilliams@miafscme.org
PURSUANT TO RULE 423.505, THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS PETITION					
<input checked="" type="checkbox"/> A COPY OF THE MOST RECENT LABOR AGREEMENT BETWEEN THE PARTIES <input type="radio"/> THE ISSUES HAVE BEEN IDENTIFIED AS EITHER ECONOMIC OR NON-ECONOMIC					
<input type="checkbox"/> UNION					
THIS PETITION IS FILED BY:	EMPLOYER	UNION	<input type="checkbox"/> A COPY OF THE ISSUES IN DISPUTE		
DATE MEDIATION REQUESTED:	DATES AND TIMES OF MEDIATION MEETINGS:				
March 12, 2013	Employer has refused to bargain or participate in mediation				
UNIT DESCRIPTION:					
Local 1023 Emergency Service Operators					
NO. OF EMPLOYEES IN UNIT:	90	CONTRACT EXPIRATION DATE: 6/30/13			

THE PETITIONER HAS ENGAGED IN GOOD FAITH BARGAINING AND MEDIATION, AND THE PARTIES HAVE NOT SUCCEEDED IN RESOLVING THE DISPUTED MATTERS.

I HAVE READ THE ABOVE PETITION AND THE STATEMENTS THEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Shawntane Williams, Staff Attorney

6/3/13

DATE

PRINT NAME/TITLE

SIGNATURE: Shawntane Williams

**COPY**

SERVE ORIGINAL PETITION ON THE OTHER PARTY OR ITS REPRESENTATIVE AND FILE THREE COPIES AND A PROOF OF SERVICE WITH THE COMMISSION. ALSO ATTACH A COPY OF THE DOCUMENTS DESCRIBED ABOVE.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.

OFFICE USE ONLY:	Date Petition Received:	Date Panel Issued:	Date of Last Best Offer:	Date of Hearing:	Date of Final Award:
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rev 02/13

STATE OF MICHIGAN  
EMPLOYMENT RELATIONS COMMISSION  
LABOR RELATIONS DIVISION

In the Matter of:

CITY OF DETROIT

Respondent - Public Employer,

-and-

Petition for Act 312 Arbitration  
Case #: D13 C-0331

AMERICAN FEDERATION OF STATE,  
COUNTY AND MUNICIPAL EMPLOYEES,  
MICHIGAN COUNCIL 25, LOCAL 1023  
Petition - Labor Organization.

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PROOF OF SERVICE

I HEREBY CERTIFY that I served by hand delivery, a copy of Petitioner's Petition for Act 312 Arbitration and a copy of this proof of service upon:

City of Detroit  
Attn: Kevin Orr  
2 Woodward Ave., Suite 1126  
Detroit, MI 48226

City of Detroit Labor Relations Department  
Attn: Lamont Satchel, Labor Relations Director  
2 Woodward Ave., Suite 332  
Detroit, MI 48226

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EMPLOYMENT RELATIONS COMMISSION  
DETROIT OFFICE

I declare that the statements above are true to the best of my information, knowledge, and belief.

Dated: June 3, 2013

By: Lamont Satchel  
Support Staff